PRINTED: 02/16/2011 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 02/11/2011 445156

ID

**PREFIX** 

TAG

F 333

(X3) DATE SURVEY COMPLETED

COMPLETION

DATE

NAME OF PROVIDER OR SUPPLIER

(X4) ID

**PREFIX** 

TAG

#### LAUREL MANOR HEALTH CARE

STREET ADDRESS, CITY, STATE, ZIP CODE 902 BUCHANAN RD

NEW TAZEWELL, TN 37825

E 333	483.25(m)(2) RESIDENTS FREE OF
1 333	403.25(III)(2) NEOIDEINTO TREE OF
99-D	SIGNIFICANT MED ERRORS

The facility must ensure that residents are free of any significant medication errors.

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

This REQUIREMENT is not met as evidenced bv:

Based on medical record review, review of facility investigation documentation, review of facility policy, observation, and interview, the facility failed to ensure residents are free of significant medication errors for one resident (#4) of six sampled residents.

The findings included:

Medical record review revealed the resident (#4) was admitted to the facility on December 29, 2008, with diagnoses including Diabetes Mellitus and Hypertension. Continued review revealed the resident was readmitted to the facility on December 14, 2010, with diagnoses including Left Knee Fracture.

Medical record review of a Minimum Data Set dated November 22, 2010, revealed the resident had moderate cognitive impairment, was independent with mobility, and required assistance with hygiene and dressing. Medical record review of a care plan effective through February 23, 2011, revealed, "...Provide medications...as ordered..."

Medical record review of physician orders dated December 14, 2010, revealed, "Detrol...Macrodantin 100 mg (milligrams)...KCI (potassium) 20 meg (milliequivalents)...Senna...Nexium 40

#### F333 D

Resident #4 was monitored closely by Licensed personnel for 24 hours with no adverse reactions.

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

The nurse involved immediately acknowledged the error. No other residents were affected.

The Nurse involved was re-educated to use the required resident identifiers while administering medications. The nurse was observed randomly during med pass over a 2 week period with compliance demonstrated during each observation.

Nursing Unit managers will observe all nurses during medication administration at least annually to determine competency and compliance with use of resident identifiers while administering medication. Medication Pass observations will be discussed as a component of the facility QA program at 3-15-2011 least annually.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE.

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  LAUREL MANOR HEALTH CARE    STREET ADDRESS, CITY, STATE, ZIP CODE 902 BUCHANAN RD NEW TAZEWELL, TN 32 MINARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)    F333	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		ES (X1) PROVIDER/SUPPLIER/CLIA		PLE CONSTRUCTION	COMPLE	(X3) DATE SURVEY COMPLETED	
LAUREL MANOR HEALTH CARE    Memory   Me			445156	B. WING				
PREFIX TAG  F333  Continued From page 1 mgRobaxinLidoderm patchon AM, off PMLantus 10 unitsqhs (at bedtime)Lortab 7.5 mg po tid (by mouth three times daily)Xanax 0.5 mg po tid Lantus 20 unitsq am (every morning)SimvastinAriceptIsosorbideAtenolol(and sliding scale insulin administration)."  Medical record review of a nurse's note dated December 28, 2010, at 7:35 a.m., revealed, "During medication pass this AMreceived meds not ordered for (resident)examined and alertVS checked. Drwas notified" Medical record review of a nurse's notes dated December 28, 2010, revealed, "(12:00 p.m.)up in wheelchairalert, oriented able to voice needs (1:00 p.m.)Ate good lunch(2:00 p.m.)talking with family(3:00 p.m.)SBS (fasting blood sugar) 339(5:00 p.m.)sleeping at this time wakes easily" Medical record review of a nurse's note dated December 29, 2010, at 4:30 a.m., revealed, "up at present, fully awakevital signs WNL (within normal limits)"  Review of facility investigation documentation dated December 28, 2010, revealed the resident was administered the following medications in error. Vistarti 25 mg, Neurontin 300 mg, Zinc 220 mg, Xanax 1 mg, Geodon 40 mg, Depakote 250 ng, Vitamin D3, Nasonex nasal spray, and Synthroid 0.025 mg. Continued review revealed, "Reason for making error nurse did not use pt (patient) identifiers when adm (administering) medications"			ARE	90	02 BUCHANAN RD	ODE		
mgRobaxinLidoderm patchon AM, off PMLantus 10 unitsqhs (at bedtime)Lordab 7.5 mg po tid (by mouth three times daily)Xanax 0.5 mg po tid Lantus 20 unitsq am (every morning)SimvastinAriceptIsosorbideAtenolol(and sliding scale insulin administration)."  Medical record review of a nurse's note dated December 28, 2010, at 7:35 a.m., revealed, "During medication pass this AMreceived meds not ordered for (resident)examined and alertVS checked. Drwas notified" Medical record review of a nurse's notes dated December 28, 2010, revealed, "(12:00 p.m.)up in wheelchairalert, oriented. able to voice needs (1:00 p.m.)At good lunch(2:00 p.m.)talking with family(3:00 p.m.)FSBS (fasting blood sugar) 339(5:00 p.m.)sleeping at this time wakes easily" Medical record review of a nurse's note dated December 29, 2010, at 4:30 a.m., revealed, "up at present, fully awakevital signs WNL (within normal limits)"  Review of facility investigation documentation dated December 28, 2010, revealed the resident was administered the following medications in error: Vistaril 25 mg, Neurontin 300 mg, Zinc 220 mg, Xanax 1 mg, Geodon 40 mg, Depakote 250 mg, Vitamin C 500 mg, Wellbutrin SR 100 mg, Folic Acid 1 mg, MVI (multivitamin), Plavix 75 mg, Vitamin C 3, Nasonex nasal spray, and Synthroid 0,025 mg, Continued review revealed, "Reason for making error nurse did not use pt (patient) identifiers when adm (administering) medications"	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTIO	N SHOULD BE E APPROPRIATE	COMPLETION	
Review of facility policy revealed,"To ensure that each resident is positively identifiedAny	F 333	mgRobaxinLid PMLantus 10 un 7.5 mg po tid (by r 0.5 mg po tid Lant morning)SimvastinArice sliding scale insuli Medical record revocember 28, 20 "During medication not ordered for (realertVS checked record review of 28, 2010, reveale wheelchairalert, (1:00 p.m.)Ate (with family(3:00 sugar) 339(5:00 wakes easily" Murse's note date a.m., revealed, ". signs WNL (within Review of facility dated December was administered error: Vistaril 25 mg, Xanax 1 mg mg, Vitamin D3, Naso 0.025 mg. Contir for making error identifiers when medications"	oderm patchon AM, off itsqhs (at bedtime)Lortab nouth three times daily)Xanax us 20 unitsq am (every eptIsosorbideAtenolol(and n administration)."  view of a nurse's note dated 10, at 7:35 a.m., revealed, n pass this AMreceived meds esident)examined and Drwas notified" Medical nurses' notes dated December ed, "(12:00 p.m.)up in oriented. able to voice needsgood lunch(2:00 p.m.)talking p.m.)FSBS (fasting blood p.m.)sleeping at this time dedical record review of a d December 29, 2010, at 4:30up at present, fully awakevital n normal limits)"  investigation documentation 28, 2010, revealed the resident of the following medications in mg, Neurontin 300 mg, Zinc 220 p. Geodon 40 mg, Depakote 250 p. MVI (multivitamin), Plavix 75 mg, onex nasal spray, and Synthroid nued review revealed, "Reason nurse did not use pt (patient) adm (administering)					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUIL			С	
		445156	B. WIN	G		02/1	1/2011
	ROVIDER OR SUPPLIER  MANOR HEALTH CA	RE		90	EET ADDRESS, CITY, STATE, ZIP CODE 2 BUCHANAN RD EW TAZEWELL, TN 37825		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 333	person administering resident's identify by photobefore administering photobefore administering photobefore administering photobefore and in resident on Februar revealed the resident's room, difface and upper chestated,"don't feel you know (touched removedMy sugadrophave to watcome to w	ng medicationsverify the by checkingidentification inistering the medication"  Iterview with the alert, oriented ry 9, 2011, at 3:22 p.m., and seated in a chair in the ressings on the left side of the est, and the resident good today. Had this surgery dressings) cancer is high a lot. It's bad to the it"  sed practical nurse (LPN) #2 0, at 1:44 p.m., in a revealed LPN #2 failed to desident #4 and administered medications to resident #4 on	F3	333			
F 514 SS=D	C/O: #27365 483.75(I)(1) RES	PLETE/ACCURATE/ACCESSIB	F	514		9	
	resident in accorda	naintain clinical records on each ance with accepted professional ctices that are complete; ented; readily accessible; and					

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Event ID: PD0511

Facility ID: TN1302

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN O	N OF CORRECTION IDENTIFICATION NUMBER:		A. BUI	A. BUILDING			С	
		445156	B. WIN	1G		1	/2011	
NAME OF P	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE			
LAUREL	MANOR HEALTH CA	RE		M 3300	2 BUCHANAN RD EW TAZEWELL, TN 37825		19 (2023-19 <b>1</b> )	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	22000	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 514	Continued From pa	age 3	F :	514				
e sei	The clinical record information to identification resident's assessm services provided;	must contain sufficient tify the resident; a record of the nents; the plan of care and the results of any ening conducted by the State;			F514 D Resident #4 was not adversely affective the incomplete inaccurate media record.  Medical Records clerk reviewed comedical records for completeness accuracy.	urrent		
	by: Based on medical the facility failed to				Nurses will be re-educated to the of complete and accurate medical March 15, 2011.  Medical records will be audited for and accurate content on a quarterlass a component of the facility QA	or complete	3-15-2011	
1000	Medical record rev	iew revealed the resident (#4) e facility on December 29, ses including Diabetes Mellitus						
	(summary) orders December 6, 2010 sugar) 7a (a.m.) insulinNovalog 5 each meal Lantus PLantus 20 units Medical record rev dated December 8	riew of monthly recapitulation signed by a physician on prevealed, "B/S (blood 11a4p (p.m.)8pS/S units ac (before meals) with 20 units qd (every day) at 8 s qam (every morning)" riew of a physician's order 3, 2010, revealed, "1. Lantus 50 atus 30 units Q 8 PM (every	i.					
i.	Administration Re	view of a Medication cord (MAR) dated December 9, evalog was initialed as						

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NAME OF PROVIDER OR SUPPLIER  LAUREL MANOR HEALTH CARE  STREET ADDRESS, CITY, STATE, ZIP CODE 902 BUCHANAN RD NEW TAZEWELL, TN 37825	
LAUREL MANOR HEALTH CARE  902 BUCHANAN RD	CTION (X5)
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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROPRIES (EACH CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROPRIES (EACH CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROPRIES (EACH CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CROSS-REFERENCED TO THE A	
F 514 Continued From page 4 administered as ordered, Lantus 20 units was initialed at 8:00 a.m. and was not initialed at 8:00 p.m. Continued review revealed Lantus 30 units was initialed at 8:00 a.m. and not initialed at 8:00 p.m.  Medical record review of the MAR dated December 10, 2010, revealed Lantus 20 was not initialed at 8 a.m. or 8:00 p.m. and Lantus 30 was initialed at 8:00 a.m. Continued review revealed, "4:00 p.m. Hosp (in hospital)8:00 p.m.  Hosp"  Medical record review revealed the resident returned to the facility on December 14, 2010.  Medical record review of undated nurse's notes beginning at 11:00 a.m. through 6:00 p.m., revealed, "11:00 AM Spoke with (responsible party)6 (p.m.)no distress"  Interview with LPN #1, responsible for Medication Administration Record documentation dated December 9, 2010, on February 9, 2011, revealed she had administered Lantus 20 units at 8:00 a.m., had not administered Lantus 20 units at 8:00 a.m., and she had inadvertently documented Lantus 20 units was administered on December 9, 2010, at 8:00 a.m.  Telephone interview with the director of nursing on February 11, 2011, at 10:20 a.m., revealed undated nurse's notes beginning at 11:00 a.m. through 6:00 p.m. were nurse's notes from the resident's medical record for December 28, 2010. Continued interview confirmed the resident's sedicer sedicer is sedicer and the resident's medical record for December 28, 2010. Continued interview confirmed the resident's sedicer sedicer is sedicer and the resident's medical record for December 28, 2010.	
medical record was incomplete and inaccurate.  C/O: #27365	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIP IILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
445156			B. WI			С			
				7		02/1	1/2011		
NAME OF PROVIDER OR SUPPLIER  LAUREL MANOR HEALTH CARE					STREET ADDRESS, CITY, STATE, ZIP CODE 902 BUCHANAN RD NEW TAZEWELL, TN 37825				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREI TAG	FIX	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIEM (CROSS-REFERENCE)	(X5) COMPLETION DATE			
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